

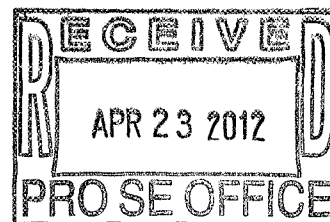
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKAllene M. Fogarty-Royce4718 Matilda AveBronx NY 10470

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Mt Sinai Medical Ctr633 Third AveNew York, NY 10017(In the space above enter the full name(s) of the defendant(s).  
If you cannot fit the names of all of the defendants in the space  
provided, please write "see attached" in the space above and  
attach an additional sheet of paper with the full list of names.  
Typically, the company or organization named in your charge  
to the Equal Employment Opportunity Commission should be  
named as a defendant. Addresses should not be included here.)

PRO SE OFFICE

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC#  
DATE FILED: 4/23/12COMPLAINT  
FOR EMPLOYMENT  
DISCRIMINATIONJury Trial: ☒ Yes ☐ No  
(check one)

This action is brought for discrimination in employment pursuant to: (check only those that apply)

☒

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*☐

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

*NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.*☐

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

*NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*☐

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

☐

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Arlene M. Agarity-Boyd  
 Street Address 4718 Marilla Ave  
 County, City Bronx NY 10472  
 State & Zip Code NY 10470  
 Telephone Number 718 325-4057

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name MA Suncu Medical Ctr  
 Street Address 633 Thinel Ave  
 County, City NYC  
 State & Zip Code NY 10017  
 Telephone Number 212 731-3200

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer Dubin Breast Center  
 Street Address 1176 Fifth Ave  
 County, City NYC  
 State & Zip Code NY 10029  
 Telephone Number 212 241-5451

**II. Statement of Claim:**

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

☐ Failure to hire me.  
☒ Termination of my employment.  
☐ Failure to promote me.  
☐ Failure to accommodate my disability.  
☐ Unequal terms and conditions of my employment.

\_\_\_\_\_ Retaliation.

✓ Other acts (specify): defamation of professional character

**Note:** Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

B. It is my best recollection that the alleged discriminatory acts occurred on: 11-8-11.  
Date(s)

C. I believe that defendant(s) (check one):

✓ is still committing these acts against me.

\_\_\_\_\_ is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

- ☒ race \_\_\_\_\_ ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_ ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age. My date of birth is \_\_\_\_\_ (Give your date of birth only if you are asserting a claim of age discrimination.)
- ☐ disability or perceived disability, \_\_\_\_\_ (specify)

E. The facts of my case are as follow (attach additional sheets as necessary):

Accusation of forgery, failure to follow instructions  
or refusal to accept job assignment  
- Creating unsafe unsanitary conditions or  
contributing by act of omission  
- Wilful act or conduct detrimental to patient  
care  
- Hearing on Nov 29 by Union & management produce  
no evidence of accusations

**Note:** As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

### III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: 12/29/11 (Date).

B. The Equal Employment Opportunity Commission (*check one*):

\_\_\_\_\_ has not issued a Notice of Right to Sue letter.  
✓ issued a Notice of Right to Sue letter, which I received on 3/9/12 (Date).

*Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.*

## C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

\_\_\_\_\_ 60 days or more have elapsed.  
 \_\_\_\_\_ less than 60 days have elapsed.

## IV. Relief:

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows: Payment of salary & benefits

effective date of termination to date of reinstatement  
or whenever I get a full time job elsewhere.  
 (Describe relief sought, including amount of damages, if any, and the basis for such relief.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff

A Boyd

Address

4718 Marlboro Ave  
Brown Ny 10420

Telephone Number

718 325-4057

Fax Number (if you have one)

Subj: re:  
Date: 12:19 P.M. Eastern Standard Time  
From: [arlene1229@aol.com](mailto:arlene1229@aol.com)  
To: [joan.saunders@mountsinai.org](mailto:joan.saunders@mountsinai.org)

On November 3, 2011 at approximately 11:30 I did a right mammogram on Ms. [redacted]. She told me that she had a history of [redacted]. After doing her mammogram, noticed bruises and a little blood on her upper chest. I asked her if this happen before and she told me that it happen all the time she had a mammogram because she had [redacted] all her life and taken [redacted] which thinned her skin out. I apologized her inform her that I will let the Doctor know what had happened. As I waited to address Dr. [redacted] with the issue, Ms. [redacted] hand the patients chart to Dr. Margolise. I proceeded let Dr. [redacted] know what had happened and told her that she should take a look at the patient. Dr. [redacted] apologized to her that she will inform Dr. [redacted] and asked that she prescribe neosporin for her. A few minutes later, Dr Margolise took a picture of [redacted]s chest. Ms. [redacted]s daughter assured me that her mom would be fine because her skin is paper thin and bruised easily.

Subj: **grievance**  
 Date: 1/20/2012 12:18:44 P.M. Eastern Standard Time  
 From: [Arlene1229@aol.com](mailto:Arlene1229@aol.com)  
 To: [victor.sanchez@1199.org](mailto:victor.sanchez@1199.org)

Dr Margolise and her alablis colluded to strip me of my livelihood by planting forgery, incompetence and negligence on me. What would I gain by forging the patient's questionnaire? In 23 years I have been working no one has ever accuse me of being incompetent or have I ever display any reason to be incompetent. Moreover what competent physician would order bilateral stereotactic biopsy on a patient the same day after reviewing the mammo films if the study is incomplete?

There are methods and an overseer to double check the doctors report before they are sent out and yet there are occasions where the doctors make mistakes on laterality which is more detrimental to the patient than me correcting my error and reporting it to my superiors. IT said they were told by their superiors not to delete films even if they are incorrect. How is that helping the system?

How do you justify using a case of bruised breast where the year old patient has a history of with and a history of is treated with which she said thinned out her skin and caused her to bruise easily which I reported to the Doctor as an excuse to terminate me? Is that what equal opportunity is all about? I think not.

My co-worker said that Dr Margolise told her that the wife of one of the installers of the hologic system in Dubin complained that she was experiencing bruising after she did her mammogram. While only got a mild verbal reprimand, I am slapped with bogus charges and immediate termination without warning which threatened my livelihood and my ability to provide for my children. I am not implying that anyone should be terminated for bruising of the breast during a mammogram just like the patients frequently experiencing hematoma and hemorrhage after a breast biopsy and the Doctors are still practicing at the facility. Does that mean the Doctor who did the biopsy is incompetent? It should be the same yardstick used to measure anyone who is doing any study that involve possible complications.

While these allegations was intended to build a case to terminate me, I will make sure that my name is cleared if that is the last thing I will do.

Wednesday, January 25, 2012 AOL: Arlene1229

TERMINATION

EMMA

GRIEVANCE FORM

RECEIVED NOV 15 2011

NAME OF EMPLOYEE Ms. ARLENE FOGARTY-BOYD LIFE NO. 2145495  
DEPARTMENT DUBIN BREAST CENTER DATE OF HIRE 4/04/11  
JOB TITLE TU04 DATE SUBMITTED -----

COMPLETE DETAILS OF GRIEVANCE: (INCLUDE SECTION OF AGREEMENT VIOLATED) MANAGEMENT  
IS IN VIOLATION OF THE CBA INCLUDING  
BUT NOT LIMITED  
TO  
ARTICLE  
29  
SECTION  
1

REMEDY REQUESTED MAKE THE MEMBER WHOLE IN EVERY WAY  
POSSIBLE. VICTOR SANCHEZ  
1199 SEIU UNION ORGANIZER  
EMPLOYEE \_\_\_\_\_ (SIGNATURE)

DISPOSITION - STEP 1: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ (SIGNATURE) DATE COMMUNICATED \_\_\_\_\_  
ACCEPTED: \_\_\_\_\_ APPEALED: VS  
STEWARDS

DISPOSITION - STEP 2: \_\_\_\_\_  
DEPT. HEAD \_\_\_\_\_ (SIGNATURE) DATE COMMUNICATED \_\_\_\_\_  
ACCEPTED: \_\_\_\_\_ APPEALED: VS  
STEWARDS

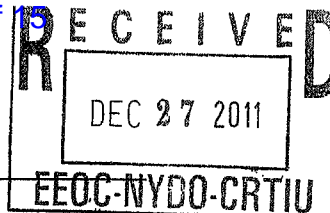
DISPOSITION - STEP 3: \_\_\_\_\_  
PERSONNEL DIRECTOR \_\_\_\_\_ (SIGNATURE) DATE COMMUNICATED \_\_\_\_\_  
ACCEPTED: \_\_\_\_\_ APPEALED: \_\_\_\_\_  
CHIEF STEWARD

TIME LIMITS  
5 WORKING DAYS  
5 WORKING DAYS  
5 WORKING DAYS





# **EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE**



Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known."** If a question is not applicable, write "n/a." Please Print.

## **1. Personal Information**

Last Name: Boyd Fogarty-Boyd First Name: Alene MI: M  
 Street or Mailing Address: 4718 Matilda Ave Apt Or Unit #: \_\_\_\_\_  
 City: Bronx County: 1 State: NY ZIP: 10470  
 Phone Numbers: Home: (718) 325-4057 Work: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (347) 334-3407 Email Address: Alene 1229 @ aol.com  
 Date of Birth: 8/31/1964 Sex: Male ☐ Female ☒ Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions.

- i. Are you Hispanic or Latino? ☐ Yes ☒ No
- ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White  
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander
- iii. What is your National Origin (country of origin or ancestry)? Jamaica

**Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:**

Name: Donovan Boyd Relationship: Husband  
 Address: 4718 Matilda Ave City: Bronx State: NY Zip Code: 10470  
 Home Phone: (718) 325-4057 Other Phone: (917) 670 2767

## **2. I believe that I was discriminated against by the following organization(s): (Check those that apply)**

☒ Employer ☐ Union ☐ Employment Agency ☒ Other (Please Specify) Laurie Margulies, MD

**Organization Contact Information** (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Mount Sinai Medical Ctr  
 Address: 633 3rd Ave County: \_\_\_\_\_  
 City: New York State: NY Zip: 10017 Phone: (212) 731-3200  
 Type of Business: Hospital Job Location if different from Org. Address: Dubin Breast Ctr  
 Human Resources Director or Owner Name: Jeff Cohen Phone: 212 241-8381

**Number of Employees in the Organization at All Locations:** Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

## **3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? ☐ Yes ☒ No**

Date Hired: 4/24/11 Job Title At Hire: Special Procedures Technologist  
 Pay Rate When Hired: \$29.29 Last or Current Pay Rate: \$34.60  
 Job Title at Time of Alleged Discrimination: Special Procedures Tech Date Quit/Discharged: 11/8/11  
 Name and Title of Immediate Supervisor: Joan Saunders, Manager



If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

**4. What is the reason (basis) for your claim of employment discrimination?**

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☒ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:  
☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain). NA

**5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.**

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: 11/8/11 Action: Termination - no prior warning or reprimand

Name and Title of Person(s) Responsible: Louise Margolis MD; Peter Gonzales, Joan Saunders

B) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

**6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.**

Bugus charges filed to build up her case against me. Dr Margolis has separate rules applied to ultrasound techs who are all caucasian vs mammography techs who are mostly colored.

**7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?**

Prior warning for co-workers whom she tried to terminate when she was appointed. Informed by Ms Hamilton that several complaints has been filed by others that has been overlooked by labor relations.

**8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.**

**Of the persons in the same or similar situation as you, who was treated better than you?**

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title

Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title

Description of Treatment

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name	Job Title	Address & Phone Number
Henrietta Gyimah	Special Procedures Tech	646 554 1041

What do you believe this person will tell us?

Dr. Margolis is a hard-nosed racist who will stop at anything to fire blacks she does not like

B. Full Name	Job Title	Address & Phone Number
Kamonne Hamilton	Special Procedures Technologist	347 641-2424

What do you believe this person will tell us?

Dr. Margolis fired blacks she doesn't like. Several complaints have been filed in labor & human resources but nothing has been done

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☒ No ☐

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

1199 representative Victor Sanchez filed a grievance on my behalf which hearing was held on Nov 29, 2011. The allegations were unfounded - none of the managers provide proof. Reinstatement was denied

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Abbyd

Signature

12/27/11

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Arlene M. Fogarty-Boyd**  
**4718 Matilda Avenue**  
**Bronx, NY 10470**

From: **New York District Office**  
**33 Whitehall Street**  
**5th Floor**  
**New York, NY 10004**

☐

On behalf of person(s) aggrieved whose identity is  
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

520-2012-00818

**Thomas Perez,**  
**Investigator**

(212) 336-3778

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☒

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☐

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

*Kevin J. Berry*

**Kevin J. Berry,**  
**District Director**

3-9-12

(Date Mailed)

Enclosures(s)

cc:

**Director**  
**Human Resources**  
**MOUNT SINAI MEDICAL CENTER**  
**633 Third Avenue**  
**New York, NY 10017**

AS SOON AS POSSIBLE AFTER THE INCIDENT, COMPLETE THIS FORM, HAVE EMPLOYEE READ AND SIGN THE FORM AND DISTRIBUTE THE COPIES AS FOLLOWS:

1st AND 2nd COPIES TO EMPLOYEE RELATIONS MANAGER; 3rd COPY TO BE RETAINED BY DEPARTMENT; 4th COPY TO EMPLOYEE:

THE MOUNT SINAI MEDICAL CENTER  
NEW YORK

PERSONNEL COPY #1

**WARNING NOTICE**

EMPLOYEE <b>Arlene Fogarty-Boyd</b>	EMPLOYEE NUMBER <b>2145495</b>	DEPARTMENT <b>Radiology</b>	IMMEDIATE SUPERVISOR <b>Joan Saunders</b>	
POSITION / JOB CLASSIFICATION <b>TU04</b>		DATE EMPLOYED <b>4/4/11</b>	TODAY'S DATE <b>11/8/11</b>	DATE OF LAST WARNING

Rule(s) Violated (Refer to specific provisions of Union Contract or Hospital Policies): Human Resources Policies:

**13.2.6 - Failure to follow instructions or refusal to accept a job assignment, 13.2.17 -**

**Creating unsafe or unsanitary conditions, or contributing to such condition by an act of**

**omission & 13.2.26 - Any willful act or conduct detrimental to patient care or to**

**Medical Center Operations.**

Details of Violation (Explain as specifically and comprehensively as possible):

On Please see attached

Date(s)

Immediate satisfactory improvement must be shown and maintained or further disciplinary action will be taken.

Action to be taken:

☐ First Warning

☐ Final Warning

☒ Discharge

☐ Second Warning

☐ Final Warning with

☐ Other action: \_\_\_\_\_

☐ Third Warning

Suspension of \_\_\_\_\_ Days  
on \_\_\_\_\_

Supervisor  
Sign Here

Date

Employee  
Sign Here

Date

If employee refuses to sign:

"This is to certify that the employee named in this report was warned by his supervisor in my presence concerning the subject matter contained therein."

If employee refuses to accept copy of form:

"Employee refuses to accept his copy of this warning notice."

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



Department of Radiology  
The Mount Sinai Medical Center  
One Gustave L. Levy Place, Box 1234  
New York, NY 10029-6574  
Tel: (212) 241-0057  
Fax: (212) 427-8137

## DEPARTMENT OF RADIOLOGY

**TO:** Arlene Fogarty-Boyd  
Mammography/Special Procedures Technologist

**FROM:** Joan Saunders  
Radiology Supervisor

**DATE:** November 8, 2011

**RE:** Human Resources Policy 13.2 (6) Failure to follow instructions or refusal to accept a job assignment, (17) Creating unsafe or unsanitary conditions, or contributing to such condition by an act of omission & (26) Any willful act or conduct detrimental to patient care or to Medical Center operations.

---

You are being issued this termination notice for failing to perform your job to standard. A recent review of your work has detailed the following:

- On October 5, 2011 a patient was scheduled for an Ultrasound and Mammography. When reviewing the patient questionnaire, both the Ultrasound Technologist and Radiologist noticed that you made a change to the questionnaire after the patient filled it out and signed it, making it a legal document. You failed to indicate why the change was made. The correct procedure is to note the reason for any changes and signing your initials.
- On October 12, 2011 a patient was scheduled for a Mammography. When reviewing the images with the Radiologist it was found that some of the images were mislabeled. This could have caused a misdiagnosis.
- On October 26, 2011 a patient was scheduled for a Bilateral Mammography. After the mammography the patient noticed bruising on both breasts and an abrasion on the left one as a result of how you adjusted the scanner.
- On October 31, 2011 a patient returned for additional views and you did not perform the necessary study. When asked why the complete study was not performed you said you

were unclear on what to do. When a technologist has a question regarding an exam, it is the technologist's responsibility to get clarification from the Radiologist.

- On November 3, 2011 a patient was scheduled for a Bilateral Mammography. After the exam was performed the patient noticed bruising and skin tear on her right breast.

This is behavior that cannot be condoned or tolerated. Please be advised that effective today you are terminated from your employment at Mount Sinai.

cc: Labor relations  
Employee file



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
ARLENE FOGARTY-BOYD,  
Plaintiff,

-v-

MT. SINAI MEDICAL CENTER,  
Defendant.  
-----X

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: APR 18 2012

12 Civ. 02130 (AJN)

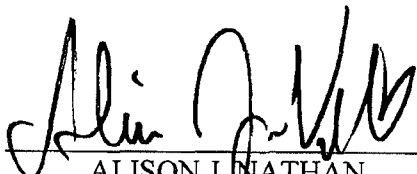
ORDER

ALISON J. NATHAN, District Judge:

On April, 9, 2012, the Court ordered that the Complaint in this action be maintained under seal and directed Plaintiff to file a redacted copy of the Complaint. Plaintiff has filed only the first page of the redacted copy of the Complaint. Plaintiff must file a complete copy of the Complaint with all of the improper information (*i.e.*, the patient names and other information referenced in the Court's memo endorsed order of April 9, 2012) removed before this action can proceed. The deadline to do so remains as set in the April 9, 2012, order as 21 days from Plaintiffs receipt of that order.

The Clerk of the Court is ordered to process the summons only once a complete copy of the redacted Complaint is received.

Dated: April 18, 2012  
New York, New York

  
ALISON J. NATHAN  
United States District Judge

COPIES MAILED  
TO ~~COUNSEL~~ OF RECORD ON APR 18 2012  
Pro Se Party